

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FAMILY HEALTH ADMINISTRATION
Deer's Head Hospital Center
FY 2005 Budget Overview**

- **MISSION**

Deer's Head Hospital Center (DHHC) provides specialized services for those in need of complex medical management, comprehensive rehabilitation, long-term care and /or dialysis to improve the quality of life for our patients and their families.

- **VISION**

Deer's Head Hospital Center envisions providing all the ever-changing health care needs to the community by ethically and compassionately serving our special population medically, spiritually and socially.

- **PATIENT MIX**

The Average Daily Census (ADC) for DHHC for FY 2003 was 81, an increase from 78 in FY 2002. In FY 2005 budget request will accommodate a proposed ADC of 83.

The following chart provides a descriptive overview of the patient mix at DHHC.

Chronic Hospital Rehabilitation Program Patient Diagnosis Mix	Census	Comments
Neurological rehabilitation, tracheotomy, respiratory & wound management, communicable disease, traumatic brain injury, complex medical management.	16	8 patients decanulated
Tuberculosis	1-3	Referred from throughout state

Comprehensive Care Program Patient Diagnosis Mix	Census	Comments
Skilled rehabilitation, respiratory management	22	
Complex medical management, hemodialysis and peritoneal dialysis, traumatic brain injury	23	
Psycho-geriatric and dementia unit	19	

- **PROGRAM DESCRIPTION**

Chronic Hospital: DHHC's chronic hospital unit provides services for traumatic brain injury, wound management, respiratory and tracheotomy management, cerebral vascular accident

management, complex medical conditions, comprehensive rehabilitation, communicable disease and tuberculosis management. Our interdisciplinary team approach is successful and we have seen an increase of 54% in our admissions and 57% in our discharges in our chronic hospital unit. The chronic hospital unit continues to provide care for two violent head-injured patients. One of these patients requires 1:1 care on a 24-hour basis, utilizing resources for six patients. Alternative placement is being sought on an ongoing basis for both patients with no success.

Comprehensive Care (CCF): Providing skilled and long term care services and licensed as a long term care, the DHHC CCF provides comprehensive medical and nursing management, complex medical management, brain injury management, hospice respite, behavioral management, peritoneal dialysis and hemodialysis. Our interdisciplinary team approach is very successful in managing these patients. DHHC was selected by the Delmarva Foundation to participate in the Nursing Home Quality Initiative (NHQI) Collaborative, a three-year program with overall goals of improving quality of care for nursing home residents and assisting other facilities to improve their processes of care. DHHC (known in the community for our excellent Skin Integrity Program) was invited to present at the August Learning Session and again in October during the NHQI Statewide Teleconference.

- **PRIORITIES**

Facility Wide Strategic Planning Initiative: Continue to monitor and improve our processes, quality and safety programs. Focus on the recruitment and retention of staff. Continue employee education and development.

Working within Budget Constraints: Continue ongoing assessment of the cost of supplies and pharmacy services. Negotiate new contract to improve pricing. Reassess job functions when positions become vacant in order to maximize resources.

Hospice By the Lake: Collaborate with Coastal Hospice to provide inpatient hospice services for the Eastern Shore.

Completion of Johnson Control Energy Plan: Energy conservation program is in process for boiler replacement, lighting retrofit, and non-potable well. Third floor administration HVAC project was completed in 2003.

- **FUNDING**

The FY 2005 budget allowance for DHHC is \$21,694,831. The funding breakdown is as follows:

- ❑ \$16,633,742 General Funds
- ❑ \$4,592, 438 Special Funds
- ❑ \$468, 651 Reimbursable Funds

**Deer's Head Hospital Center
FY2005 Initiatives**

HEALTH CARE ACCESS

- Meet the continuing community need for high acuity, complex medical and rehabilitation management.
- Expand chronic hospital program to meet community inpatient needs.
- Meet the State need for tuberculosis and communicable disease management.

PUBLIC HEALTH

- Continue working as a member of the community bioterrorism, exposure and treatment plan.
- Actively participate in the Wicomico County Health Planning and Tri-county Health Planning Board.

QUALITY

- Maintain JCAHO Lab accreditation.
- Successfully meet OHCQ inspection and recertification requirements in FY 2005.
- Continue the focus on education and training with our "Grow Our Own" GNA and CMA programs, LPN to RN program with Wor-Wic community College to meet staffing needs.
- Continue the management training and development program to develop new and current management staff.

INFRASTRUCTURE

- Replace the asbestos floor.
- Complete the Johnson control energy and boiler replacement plan in August 2004.
- Replace the generator.
- Renovate the renal dialysis unit.

POLICYMAKING

- Implement new JCAHO standards.
- Continue working with DHMH Budget Management to improve operations.

Report Card	FY 2003	FY 2002	FY 2001
Requests for admission	604	344	237
Admissions	267	164	128
Average daily census	81	78	76
Chronic discharges to home or lower level of care	118	68	50
Number of referring health departments, hospitals, physicians	18	18	10
Dialysis patients treated	226	229	233
Dialysis treatments	19,564	21,570	20,720
Budget	Made Budget	Made Budget	(\$440,889)

Deer's Head Hospital Center Performance Measures

Goal 1: Meet community needs for services to special populations served.

Objective 1.1: During FY 2005 DHHC will admit at least 75% of the applicants who meet criteria for admission.

Objective 1.2: Include sufficient resources for FY 2005 to attain ADC of 83.

Goal 2: Ensure quality care for all patients.

Objective 2.1: The prevalence of Urinary tract infections in long-term care will remain less the national peer group rate of 7.4%.

Discussion of Program Performance Measures: DHHC experienced many challenges this year; we served more patients increasing our ADC to 81. We have seen an increase in the need for our services with request for admission up from 344 in FY 2002 to 604 in FY 2003. Our JCAHO survey was successful with a score of 93. We have for the second year had a deficiency free OHCQ survey in both long-term care and the quality survey. HIPPA mandates are in place. We continue working to recruit and retain our licensed staff to meet minimum staffing requirements.

Deer's Head Hospital Center 2003 Accomplishments

- OHCQ Deficient Free survey 2002 & 2003
- OHCQ Quality Survey Deficient Free 2003
- JCAHO Survey Successful score – 93
- HIPPA Mandated in Place
- Performance Excellence Awards - Pain Management Process Improvement Team, Dietary Problem Solving Team (that saved over \$40,000), and Maintenance Problem Solving Team-KDU walkway.
- Johnson Control Energy Contract approved by BPW and project begun.
- Collaboration with Coastal Hospice for inpatient hospice approved by BPW completion and opening projected June 2004.
- Outstanding Marylander Award from the Governor's Committee on Employment of People With Disabilities - Virginia Glynn, P.T.

Deer's Head Hospital Center Renal Dialysis Program

- **MISSION**

Deer's Head Hospital Center Renal Dialysis program provides hemodialysis and peritoneal dialysis to the citizens of Maryland in order to improve their quality of life.

- **VISION**

Deer's Head Hospital Center Renal Dialysis Program envisions meeting the ever-changing needs of the dialysis population through provision of cost effective, quality care with quality outcomes.

- **PROGRAM DESCRIPTION**

The Renal Dialysis Program provides services to patients in both inpatient and outpatient settings. The majority of patients are served as outpatients. Quality indicators and outcomes are measured for all patients and the staff work closely with the program's nephrologists in order to provide the best clinical outcomes for our patients.

- **PROGRAM PERFORMANCE**

Goal 1: Improve quality and accessibility of both treatment modalities to end stage renal disease population.

Objective 1.1: The percentage of the total dialysis population on peritoneal dialysis (PD) will be at or greater than the national peer group rate of 13%.

Objective 1.2: The percentage of hemodialysis patients who achieve URR (urea reduction rate measuring adequacy of dialysis) of 65% will be equal to or greater than the national peer group rate of 85%.

Discussion of Program Performance: The renal program provided 19,564 treatments in FY 2003 serving 239 patients.

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FAMILY HEALTH ADMINISTRATION
Western Maryland Hospital Center
FY 2005 Budget Overview**

- **MISSION**

“We give Marylanders a second chance for quality of life through exceptional rehabilitation and healthcare services in our healing environment.”

- **VISION**

“Our exceptional people and healing environment will provide comfort in mind, body, and spirit to those whose lives we touch.”

- **GUIDING PRINCIPLES**

Western Maryland Hospital Center’s Guiding Principles serve as the foundation for how we provide services. Each decision we make should be made with these expectations and principles in mind. We expect **(H-O-P-E P-A-C-T)** Honesty, Open communications, Professionalism, Excellence, Positive attitude, Accountability, Compassion, and Teamwork.

- **PATIENT MIX**

The Average Daily Census (ADC) at WMHC was reduced in FY 2000 from 115 to 103 in an attempt to eliminate a budget deficit attributable to rising costs. During FY 2001, the ADC was maintained at 103 to continue these efforts. The FY 2002 budget allowance supported an ADC of 99 and FY03 budget supported 97. The following charts provide a descriptive overview of the current patient mix at WMHC.

Rehabilitation Program Patient Diagnosis Mix (Average Age 59)	Census*	Comments
Traumatic Brain Injury	10	
Non-traumatic Brain Injury (strokes, bleeds, etc.)	11	
Neurologic (Multiple Sclerosis, Gillian Barre etc.)	5	
Traumatic Spinal Cord Injury	5	
Pulmonary Ventilator Dependent	8	6 weaned from ventilator YTD
Pulmonary Non-ventilator Dependent	13	5 tracheotomy patients weaned YTD
Ventilator Dependent (other)	11	
Dialysis	3	

Rehabilitation Program Patient Diagnosis Mix (Average Age 59)	Census*	Comments
Multiple Trauma / orthopedic and other	5	
Quadriplegia Non Spinal Cord Injury	2	
Paraplegia Non Spinal Cord Injury	2	
Other: CABG	3	

Comprehensive Care Program Patient Diagnosis Mix (Average Age 66)	Census*	Comments
Traumatic Brain Injury	11	All patients in skilled level of care
Non-traumatic Brain Injury (strokes, bleeds, etc.)	28	
Neurologic (Multiple Sclerosis, Gillian Barre etc.)	24	
Traumatic Spinal Cord Injury	1	
Pulmonary	18	
Psychiatric (Alzheimer's, Dementia, etc.)	30	Wanderguard alarm system in place
Dialysis	3	
Quadriplegia Non Spinal Cord Injury	7	
Paraplegia Non Spinal Cord Injury	2	
Heart Disease	17	

** Numbers will not add up to average daily census secondary to multiple diagnoses and multi-system failure.*

- PROGRAM DESCRIPTIONS**

Rehabilitation Program: WMHC annually conducts strategic planning in order to continuously improve both the programs and operations of the facility. In 2001, the perspective of the entire chronic hospital as a program of rehabilitation was adopted. The program is divided into 2 parts: transitional (with a goal of returning the patient to home or lower level of care) and residential (with a goal of improving patient independence).

The Rehabilitation Program operates one of the largest post-acute care hospital-based ventilator management programs in the State with a 20-bed unit. The demand for ventilator beds continues to exceed capacity. Reasons for the high demand include discontinuation of private sector programs and services because of high costs and low reimbursement from the Medicare Prospective Payment System. It is believed that community demand would support a 30-bed unit; however, due to budget constraints the census has been capped and a waiting list maintained. The current wait for admission is up to two months depending on the time of year. In addition to ventilator management and aggressive weaning, the program also cares for medically complex patients with multi-system failure. Nursing hours per patient day averages 7.0 (compared to 5.5 for a

non-complex patient). Outcomes continue to focus on improved independence, ventilator and oxygen weaning, and returning patients to a lower level of care when possible.

In addition, the Rehabilitation Program offers comprehensive, coordinated clinical care with up to three hours of therapy services per day. The program endorses active participation of the patient and family in the planning of care. Diagnoses of patients in the program include stroke, amputation, multiple trauma, head injury, spinal cord injury, chronic obstructive pulmonary disease, and extensive wound management. Nursing hours per patient day average 6.0 and outcomes are focused on increasing the number of patients who return home.

It should be noted that the inability to accept patients in a timely fashion secondary to budget constraints has given acute care hospitals no choice but to hold many of these patients in costly Intensive Care and Progressive Care Units. This backlog in the system leaves only those patients who are unable to be discharged to nursing homes in the acute care setting. As a result, WMHC receives a much higher acuity patient with diminished possibilities of rehabilitative potential and returning home.

Comprehensive Care Program: Licensed as long-term skilled care, this program provides care and services using a holistic, interdisciplinary, resident-centered approach to maximize the patient's physical, mental and social well-being. The Comprehensive Care Program serves as a "step down" from our hospital program as it provides a lower level of care for those who have improved but are unable to be discharged home. In addition, priority is given to patients requiring dialysis who would be too fragile to tolerate a transport three times per week to be treated. Nursing hours per patient day average 4.0. Outcomes are focused on individualizing the plan of care and improving the resident's quality of life and in some cases returning to home. During FY03, 8 patients were discharged to home and that trend has continued in FY04 with 5 patients thus far returning home.

- **PRIORITIES**

Hospital Wide Strategic Objectives

- **Quality:** Exceptional patient outcomes, quality of life, and satisfaction
- **Effectiveness:** Exceptional management of resources
- **Employees:** Development of exceptional employees
- **Community Relations:** Exceptional public image

Program Performance Measures & Benchmarks

- **Transitional Rehabilitation Program:**
 - discharges to home or lower level of care
 - patient / family satisfaction
 - National Brain Injury Certification
 - JCAHO accreditation
- **Residential Rehabilitation Program:**
 - Adaptive / assistive technology usage

- Patient / family satisfaction
- JCAHO accreditation
- **Comprehensive Care Program:**
 - No unjustified “flagged” Quality Indicators
 - Patient / family satisfaction
 - OHCQ successful survey
 - JCAHO accreditation
- **Renal Dialysis Program**
 - URR & KT/V meets standards
 - Patient / family satisfaction

Key Challenges

- Patient and staff safety & security
- Providing exceptional quality while balancing the budget
- Lengthy wait for admission secondary to budget constraints
- Stakeholders informed and educated
- Aging facility
- Recruiting & retaining qualified and committed team members

Long Range Planning: (5-10 years)

- Facility replacement/upgrades
- “Growing our Own” healthcare professionals & leaders
- Creating a “Healing Environment”

• **FUNDING**

The FY 2005 budget allowance for WMHC is \$19,783,958. The funding breakdown is as follows:

- ❑ \$18,263,926 General Funds
- ❑ \$832,458 Special Funds
- ❑ \$687,574 Reimbursable Funds.

Western Maryland Hospital Center FY 2005 Initiatives

HEALTH CARE ACCESS

- Admissions to WMHC are currently restricted and the ADC is artificially low secondary to the high cost of delivering care. Attempts to improve the budget through a two-part budget enhancement package did not prove successful in increasing the census and keeping pace with the increased cost of drugs and supplies. The facility met budget in FY 2003 by a combination of efforts: (1) reducing census to current level, (2) leaving positions open to cover the over runs in pharmaceuticals, and (3) financial strategic planning with four cost saving teams. Unfortunately, the additional loss of 25 PINS (20.5 FTEs) in FY02 and additional 6 PINs (5 FTEs) in FY03 along with the respective funding, as well as other cost containment initiatives, will significantly impact the healthcare community's ability to refer and admit to WMHC. The result will be increased cost to Medicaid as patients wait in a higher cost bed.

PUBLIC HEALTH

- Continue to develop bioterrorism expertise and participate in the interagency crisis plan with the Washington County Health Department. WMHC would participate in exposure treatment and related activities in the event of a bioterrorism attack.

QUALITY

- Maintain JCAHO accreditation for both hospital and comprehensive care services.
- Achieve successful State inspection and re-certification in FY 2004.
- Verify quality of life by having no unjustified Minimum Data Sets (MDS) indicator with a value that would indicate the need for remedial action.
- Maintain or improve our Senate Productivity Award Status.
- Continue *The Leadership Challenge*; a yearlong focus on building leadership skills combined with a mentorship program. Second class graduates in February 2004.
- Continue our focus on encouraging educational growth of nursing assistants and licensed practical nurses to become registered nurses and help fill the void during a national nursing shortage crisis.
- 2004 has been established as WMHC's "Year of Learning" and leadership has studied and implemented many of the *Good to Great* concepts by Jim Collins.

INFRASTRUCTURE

- HVAC Project cost estimates reached \$16.8 million after an assessment by an architectural engineer consultant. As a result, there have been discussions about converting the renovation project to a new building or addition project that would extend the life of the entire plant and meet the projected chronic care needs of the facility.
- Multiple security upgrades added as a result of Homeland Security.

POLICYMAKING

- Continue working collaboratively with DHMH Offices of Budget Management and Personnel Services to implement pilot programs to increase hospital flexibility and improve operations. WMHC developed and implemented a pilot PEP process in July 2003 and will be working with IWIF on additional pilot programs.

Western Maryland Hospital Center Performance Measures

Goal 1: Provide sufficient budget and human resources to continue to lower the number of patients on the waiting list, giving priority to ventilator dependent patients.

Objective 1.1: During FY 2005, maintain the average daily census at 100 or 81% occupancy.

Objective 1.2: During FY 2005, maintain filled FTE's per occupied bed at 3.0.

Goal 2: Provide an individualized plan of care that improves each resident's quality of life.

Objective 2.1: Quality of life will be verified by having no unjustified Minimum Data Sets (MDS) indicator with a value that would indicate the need for remedial action.

Objective 2.2: Successful State inspection and re-certification survey in FY05.

Goal 3: Ensure quality care for all patients.

Objective 3.1: During FY 2005, the prevalence rate of pressure ulcers will remain less than the national peer group rate of 17.15% for high-risk patients.

Objective 3.2: During FY 2005, the prevalence rate of urinary tract infections (UTI) will remain less than the national peer group rate of 7.4%.

Discussion of Program Performance: WMHC has responded to cost containment measures and closed FY03 without a deficit. The Maryland healthcare community views WMHC as a vital link in providing efficient and effective care to move patients through the healthcare continuum of care. The funding allowance in the FY05 budget will have a profound effect on the facility's ability to admit and move patients out of the higher cost acute care beds and any opportunity to go home. WMHC will not meet its average daily census goal due to cost containment measures. Despite these challenges, WMHC has maintained its JCAHO and OHCQ accreditation and was awarded the Governor's Performance Excellence Level One "Gold" Award for organizational excellence. WMHC's Report Card for FY03 will follow.

Report Card FY 2003

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
Average Daily Census (ADC)	98	98	99	93	97
Average Ventilator Census	22	23	25	22	23
Admissions: % In County	50%	45%	63%	67%	57%
Admissions: % Out of County	50%	55%	37%	33%	43%
Ventilator / Trach Weans	6	0	5	0	11
Requests for Services	63	67	95	98	323
Number of Referring Hospitals	22	27	28	37	28 average
Waiting list: Ventilator	9	9	5	1	6 average
Discharge to Home	5	4	4	6	19
Discharge to lower level of care	0	4	7	3	14

**Western Maryland Hospital Center
2003 Accomplishments**

Evidence of Industry & Benchmark Leadership

WMHC is proud to be recognized as industry leaders and are consistently used for others to benchmark against as evidenced by the following key areas:

1. Ventilator Patient Management
 - State leader and Nationally publicized for our ventilator management including safety alarms, infection control practices, and our ability to wean patients deemed “unweanable” by other providers.
 - Team from INOVA Healthcare System, Fairfax Virginia recognized WMHC’s Program as an industry leader. They spent a day at WMHC touring and gathering information to start a similar program. WMHC’s protocols were shared with them.
 - Extensive referral base from entire State
2. Pain Management Protocols
 - Office of Healthcare Quality (OHQ) consistently refers other facilities to consult with WMHC in establishing or improving their patient pain control.
 - Office of Healthcare Quality surveyors asked permission to use our forms as examples while teaching other facilities regarding patient pain control.
 - Purdue Pharmaceuticals used WMHC’s Pain Management Program as their example of how to comply with the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) standards at their Educational Conference.
 - Recognized by Delmarva Foundation Peer Review Organization as a leader in pain management and asked to present our program at the Nursing Home Quality Initiative Conference.
3. Wound Management
 - Frequently requested to train and consult with the long-term care (LTC) industry on successful wound healing.
 - Recognized by JCAHO & OHQ as well as the industry for strong infection control practices and nutritional support leading to successful wound healing.
4. Infection Control Program
 - Accept and successfully treat patients with resistant organisms denied admission at other facilities.
 - Consult and train other facilities on difficult infection control cases.
5. Percussion Vest
 - Selected as the post acute care clinical site for practical research of the Percussion Vest.
 - Two other sites selected were Johns Hopkins Hospital and Hershey Medical Center.
6. Strategic Planning
 - Viewed by our community as leaders in the strategic planning process and have facilitated strategic planning sessions for a variety of organizations and companies; City of Hagerstown, Hospice of Washington County, Washington County Health Department

and private companies. These organizations ranged in size from 10 employees to over 400.

7. Prevention of Dehydration

- WMHC is recognized as a leader in the long-term care industry for our aggressive program to prevent and treat dehydration. We were invited to present at the Delmarva Foundation Peer Review Organization's Nursing Home Quality Initiative Program and share our protocols with other providers.

8. Hostess Program

- WMHC was recently asked to share our "Hostess Program" with JCAHO as an innovative solution that created a win – win – win outcome. The Hostess Program utilizes dietary employees assigned to specific patient units during meal and snack times. The Hostess provides individualized attention to patients during this time freeing up the nursing staff to continue with higher skill activities. It has proven a win for patients who enjoy the special treatment, a win for dietary employees who enjoy direct patient contact and a win for the Hospital, as it is a more cost effective approach.

9. Delmarva Foundation Nursing Home Quality Improvement Initiative

- Delmarva Foundation has been contracted by CMS to improve the quality of care in nursing homes in Maryland. WMHC is providing consultative services to the Lead Nursing Home Quality Improvement Coordinator for the program. WMHC's Nursing Home Quality Improvement Committee is serving as the example of a successful program for the long-term care industry.

10. Activities of Daily Living

- Delmarva Foundation recognized WMHC's Comprehensive Care Program as the State's best in maintaining activities of daily living and were one of thirteen invited speakers at their upcoming conference entitled, "The Courage to Improve Best Practices Conference."

Western Maryland Hospital Center Renal Dialysis Program

- **MISSION**

To provide complete dialysis services tailored to improve quality of life of individuals with end stage renal disease in a caring, “Healing Environment.”

- **VISION**

WMHC Renal Dialysis Program envisions that all Maryland residents who come into our care are assured of the best possible quality of life through the “Healing Environment” and other innovative healthcare initiatives.

- **PROGRAM DESCRIPTION**

The program provides renal dialysis services, including hemodialysis and peritoneal dialysis and provides training for home peritoneal dialysis. The services are provided in both the inpatient and outpatient settings. The outcomes are focused on increasing the number of persons served while optimizing the adequacy of dialysis.

Goal 1: Provide a program that emphasizes optimal dialysis through ensuring dialysis adequacy and patient satisfaction.

Objective 1.1: During FY 2005, at least 75% of hemodialysis patients will achieve and maintain urea reduction rate (measuring adequacy of dialysis) >65%.

Objective 1.2: Renal Dialysis program will achieve an overall “satisfied” or better rating on the patient satisfaction survey.

Discussion of Program Performance: The program provided 3,234 treatments in FY 2003, a 3.6% increase over FY 2002 to an average of 23 patients a month. Program goals and objectives were met. Hospital inpatients accounted for 14% of total treatments and Comprehensive Care accounted for 38.6% of total treatments.

The Renal Dialysis Program was surveyed by the Commission on Kidney Disease and the Office of Healthcare Quality and was found to be in compliance with standards. After a careful cost comparison analysis was conducted, the Reuse Program was discontinued and disposable dialyzers were implemented.